

Student Grievance Form

Information and assistance in completing this form may be obtained from the Student Grievance Coordinator. After completing Part I, please submit the form to the Student Grievance Coordinator.

PART I: To be completed by the student

Student Name (Please print): _____

Student Signature: _____ Date _____

Major: _____ Gallaudet ID Number: _____

Local Address: _____

Email Address: _____

Pager Address: _____ Videophone: _____

GRIEVANCE AGAINST:

Name(s): _____

Dept or Administrative Unit: _____

Specific Allegation(s):

1) _____

2) _____

3) _____

Describe each allegation in detail. (Include names, departments, dates, times, records, etc. on separate sheets and attach.)

Remedy Sought:

Do you need special accommodations for the hearing? If so, explain:

PART II: To be completed by STUDENT GRIEVANCE COORDINATOR

INFORMAL PROCEDURES

Informal efforts have been made to resolve the issue(s) being grieved in consultation with the following people.

Faculty/Staff Member name: _____

Signature: _____ Date: _____

Dept Chair/Manager/Director name: _____

Signature: _____ Date: _____

School Dean/Executive Director name: _____

Signature: _____ Date: _____

CIRCULATION OF STUDENT GRIEVANCE FORM

Date received by the Student Grievance Coordinator: _____

Signature: _____ Date: _____

Date forwarded to the Student Grievance Board Chair: _____

Signature: _____ Date: _____

PART III: TO BE COMPLETED BY STUDENT GRIEVANCE CHAIR

Date Student Grievance Form received by Student Grievance Board Chair: _____

Signature of Student Grievance Board Chair: _____

DETERMINATION OF GRIEVABILITY

Grievable Act Non-Grievable Act

Date of notification of grievability: _____

Date of Hearing: _____